|                                                                                                                                        |                                              | CO                                                            |                                                                                             | CT FI                          | F        |                                        |                                                |                                       |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------|----------|----------------------------------------|------------------------------------------------|---------------------------------------|---------------------------------------|
|                                                                                                                                        | ORDEF                                        | SUPPLIES                                                      | OR SE                                                                                       | RVICES                         | in the C | ···                                    |                                                | 1. PAGE 1                             | of7                                   |
| 2. PROC INSTRUMENT ID NO (PIIN F33657-97-D-2006 Mark all packages & papers with this nun                                               |                                              | 3. CALL ORDER NO 0002                                         | 4. DATE                                                                                     | E OF ORDER                     | 1 -      | , REQUISITION PM/F<br>EQUEST PROJECT N |                                                |                                       | FOR NATIONAL DER DO-C9 S REG 1 RATING |
| 7. ISSUED BY                                                                                                                           |                                              | ODE FA8622                                                    | <del></del>                                                                                 | 8. ADMINIS                     | TERE     | D BY                                   | ODE S2404                                      | A                                     |                                       |
| ASC/CDS, BLDG 11A<br>1970 MONAHAN WAY, F<br>WRIGHT-PATTERSON A<br>BUYER: THOMAS REAS<br>(937) 255-6632                                 | 5433-7208                                    |                                                               | DCMAO, BALTIMORE<br>ATTN: CHESAPEAKE<br>200 TOWSONTOWN BLVD., WEST<br>TOWSON, MD 21204-5299 |                                |          |                                        |                                                |                                       |                                       |
| 9. CONTRACTOR<br>NAME AND ADDRESS                                                                                                      | cor                                          | DE 4M057                                                      |                                                                                             | FACILITY C                     | ODE      | 69048                                  | 10. MAIL IN                                    | VOICES TO                             |                                       |
| SMALL BUSINESS ADMI<br>WASHINGTON DISTRIC'<br>P O BOX 34500<br>WASHINGTON DC 20043<br>SUBCONTRACTOR: A<br>14                           |                                              | NG DATE MULTIPLE FACILITIES SEE SECT "G"  1 0 1997            |                                                                                             |                                |          | DAYS DAYS DAYS DAYS DAYS               | PT PAYMENT  NET  S  OTHER  IF "9" SEE SECT "B" |                                       |                                       |
| 12a. PURCHASE OFFICE POINT O                                                                                                           | F CONTACT                                    |                                                               |                                                                                             | 13. PAYME                      | NT W     | VILL BE MADE BY                        |                                                | CODE SC10                             | 30                                    |
| AWY/A6F/ATS                                                                                                                            |                                              | · · · · · · · · · · · · · · · · · · ·                         |                                                                                             | DFAS-CO<br>DFAS-CO<br>P O BOX  | O/C      | JMBUS CENTE<br>HESAPEAKE D<br>2264     | R<br>DIVISION                                  |                                       | IF "9" SEE<br>SECT "G"                |
|                                                                                                                                        |                                              |                                                               |                                                                                             |                                |          | 2204<br>S OH 43218-226                 | 4                                              |                                       |                                       |
| 14. TYPE CONTRACTOR 15. SI A a. CL                                                                                                     | ecurity<br>as S                              | b. DATE OF DD 254 96                                          | 61106                                                                                       |                                |          |                                        |                                                |                                       |                                       |
| A. FAST B. COMMISSON                                                                                                                   | N DATA<br>C. ABSTRACT<br>RECIP ADP           | D. SPL CONT AD                                                | CONT<br>DMIN<br>JNC LMT                                                                     | 17. RESERV                     | √ED      | 18. SVC/AGENCY<br>USE                  | 19. SURV<br>CRIT                               |                                       | TAL AMOUNT                            |
|                                                                                                                                        | POINT                                        |                                                               |                                                                                             |                                |          |                                        | С                                              |                                       | 13,896.07                             |
| 21. APPROPRIATION AND ACCOU<br>A. SCTY CLAS B. ACRN                                                                                    | C. APPRO                                     | DPRIATION D. LIMIT SU                                         |                                                                                             |                                |          | L ACCOUNTING CLASS                     | AGENCY USE                                     |                                       |                                       |
| F. CPN RECIPIENT DODAAD                                                                                                                | G. OBLIGA                                    | ATION AMOUNT                                                  | H. NON-                                                                                     | -CLIN/ELIN PAYI                | MEN      | PRUV 1. SVC /                          | AGENC 1 USL                                    |                                       |                                       |
| DELIVERY/ This order                                                                                                                   | CONTRACT<br>r is subject to<br>s of above nu | NUMBER<br>o instructions contained<br>imbered contract, or No | on this s                                                                                   | side of form o<br>contract Num | only a   | ınd is issued in acco                  | rdance with                                    | and subject to                        | terms and                             |
| TASK conditions                                                                                                                        | CE YOUR                                      |                                                               |                                                                                             |                                |          |                                        |                                                |                                       |                                       |
| FURNISH T                                                                                                                              |                                              | S ON TERMS SPECIFIED HE                                       |                                                                                             |                                |          |                                        |                                                | · · · · · · · · · · · · · · · · · · · | 1                                     |
| *If quantity accepted by the<br>Government is same as quantity<br>ordered, indicated by X mark. If<br>different, enter actual quantity |                                              | ED STATES OF AMERIC                                           |                                                                                             | <b>\</b>                       | , \      | ) MARGARET Y                           | <i>IDBIO</i><br>MMMDDI<br>MARRINGT             | 24. TOTAL                             |                                       |
| accepted below quantity ordered and encircle.                                                                                          | BY: NAME                                     | OF CONTRACTING/ORDER                                          | RING OFFIC                                                                                  | <del>-//</del>                 | <u> </u> | Contraction                            | ng Officer                                     | DIFFERENCES                           |                                       |
| 25. QUANTITY ORDERED HAS BEEN                                                                                                          | ACCEPTED                                     | , AND CONFORMS TO                                             | 26. SHIP                                                                                    | , NO                           | 27. D.   | .o.voucher no                          |                                                | 29. INITIALS                          |                                       |
| INSPECTED RECEIVED                                                                                                                     |                                              | RACT EXCEPT AS STATED                                         | IJ⊟'^                                                                                       | NAL :                          | 31. P/   | AID BY                                 |                                                | 32. AMOUNT V                          | ERIFIED CORRECT                       |
|                                                                                                                                        |                                              | MENT REPRESENTATIVE                                           | 30. PAY                                                                                     | 1                              |          |                                        |                                                | 33. CHECK NUI                         | VIBER                                 |
| 35. I CERTIFY THIS AMOUNT IS CORR                                                                                                      | ECT AND PROP                                 | ER FOR PAYMENT                                                |                                                                                             | ARTIAL                         |          |                                        |                                                | 34. BILL OF LAI                       | DING NUMBER                           |
| SIGNATURE AND TITLE                                                                                                                    | OF CERTIFYIN                                 | G OFFICER                                                     | FI'                                                                                         | INAL                           |          |                                        |                                                |                                       |                                       |
| 36. RECEIVED AT 37. RECEIVED BY                                                                                                        |                                              | 38. DATE RECEIVED                                             | 39. TOT                                                                                     | TAL CONTAINER                  | RS       | 40. S/R ACCOUNT N                      | UMBER                                          | 41. S/R VOUCH                         | IER NUMBER                            |

AFMC FORM 700, DEC 95 (EF-V4) (Perform Pro)

PREVIOUS EDITION IS OBSOLETE

When used as a formal contract this will be the effective date.

1. In accordance with the provisions of the basic contract F33657-97-D-2006, Special Contract Requirement H-013 entitled "Orders" and this delivery order 0002, the contractor shall provide acquisition logistics support in accordance with the attached Statement of Work (SOW) "Support to the Theater Missile Defense Attack Operations IPT for Modernization Planing, Operational Concept and JTARS Advanced Technology Demonstrations" dated February 1997 as specified below at a ceiling amount of \$ 13,896.07.

#### 2. SECTION B

|         |         |                          | Quantity   | Unit Price        |
|---------|---------|--------------------------|------------|-------------------|
| Item No |         | <u>Supplies/Services</u> | Purch Unit | Total Item Amount |
| 0001AA  | SubCLIN | sec class: U             | 1          | \$ 12,033.12      |
|         |         |                          | LO         | \$ 12,033.12      |

noun: ACQUISITION LOGISTIC SUPPORT

acrn: AA nsn: N

site codes pqa: D acp: D fob: D

pr/mipr data:GFBFS977200008

type contract: Y

### descriptive data:

A. The contractor shall provide acquisition logistic support in accordance with the attached SOW. This SubCLIN is for an estimated 344 hours and is fully funded.

B. Listed below by prime/team members are the negotiated labor categories and corresponding estimated number of labor hours (for 60 days) for each category:

| LABOR CATEGORY         | ESTIMATED | HOURS |
|------------------------|-----------|-------|
| Project Manager        |           |       |
| Ops Research Analyst   |           |       |
| Senior Logistician     | 344       |       |
| Journeyman Logistician |           |       |
| Associate Logistician  |           |       |
| Admin Mgmt Assistant   |           |       |
| Logistics Clerk        |           |       |
| TOTAL DIRECT LABOR     | 344       |       |

Item No

#### Supplies/Services

Unit Price Quantity Purch Unit Total Item Amount

0001AB OPTION SubCLIN

sec class: U

noun: ACQUISITION LOGISTIC SUPPORT

acrn: AA nsn: N

pqa: D acp: D fob: D site codes

pr/mipr data: GFBFS977200008

type contract: Y

## descriptive data:

A. The contractor shall provide acquisition logistic support in accordance with the attached SOW. The price for this SubCLIN is \$57,926.88 for an estimated 1,656 hours.

- B. The Contractor grants to the Government an option to acquire the services described in this subCLIN at the price set forth in the schedule. The Government may exercise said option unilaterally by giving the Contractor written notice at any time on or before the expiration date of SubCLIN 0001AA.
- C. Listed below by prime/team members are the negotiated labor categories and corresponding estimated number of labor hours for each category:

Labor Category Project Manager Ops Research Analyst Senior Logistician Journeyman Logistician Associate Logistician Admin Mgmt Assistant Logistics Clerk TOTAL DIRECT LABOR

1,656

Estimated Hours

1,656

0002AA SubCLIN sec class: U

1 LO NSP NSP

noun: DATA-EXHIBIT A acrn: AA nsn: N

site codes pqa: D acp: D fob: D

pr/mipr data: GFBFS977200008

type contract: Y

## descriptive data:

The contractor shall provide data in accordance with Contract Data Requirements List (CDRLS A0002, A0003, A0004), DD Form 1423, dated 24 February 1997, as Exhibit A. The second Status Report (CDRL A002) will be the deliverable for the end of this Phase I period. The price of this SubCLIN is included in the price of SubCLIN 0001AA above.

Quantity Unit Price Purch Unit Total Item Amount Item No <u>Supplies/Services</u> NSP OPTION SubCLIN sec class: U 1 0002AB NSP LO

noun: DATA-EXHIBIT A

acrn: AA nsn: N site codes pqa: D acp: D fob: D

pr/mipr data: GFBFS977200008

type contract: Y

## descriptive data:

A. The contractor shall provide data in accordance with Contract Data Requirements List (CDRL A0002, A0003, A0004), DD Form 1423, dated 24 February 1997, a as Exhibit A. The price of this item is included in the price of SubCLIN 0001AB above.

B. The Contractor grants to the Government an option to acquire the services described in this SubCLIN at the price set forth in the schedule. The Government may exercise said option unilaterally by giving the Contractor written notice at any time on or before the expiration date of SubCLIN 0001AA.

\$ 1,862.95 1 0004AA SubCLIN sec class: U LO \$ 1,862.95

noun: TRAVEL AND COMPUTER SERVICES

acrn: AA nsn: N

site codes pqa: D acp: D fob: D

pr/mipr data: GFBFS977200008

type contract: S

## descriptive data:

The contractor shall provide Travel/ Computer Services required in the performance of SubCLINs 0001AA and 0002AA above pursuant to Special Contract Requirement H-011 of the basic contract entitled "Payment Provisions for Material/Computer Services/Travel/Subcontracting\*. This SubCLIN is fully funded.

Page 5 of 7

Item No

## Supplies/Services

Unit Price Quantity Purch Unit Total Item Amount

0004AB

sec class: U OPTION SubCLIN

noun: TRAVEL AND COMPUTER SERVICES

acrn: AA nsn: N

site codes pqa: D acp: D fob: D

pr/mipr data: GFBFS977200008

type contract: S

descriptive data:

The contractor shall provide Travel/ Computer Services required in the performance of SubCLINs 0001AB and 0002AB above pursuant to Special Contract Requirement H-011 of the basic contract entitled \*Payment Provisions for Material/Computer Services/Travel/Subcontracting. The price for this SubCLIN is \$13,215.30.

B. The Contractor grants to the Government an option to acquire the services described in this subCLIN at the price set forth in the schedule. The Government may exercise said option unilaterally by giving the Contractor written notice at any time on or before the expiration date of subCLIN 0001AA.

## 3. SECTION F

Supplies Schedule Data Item No

Delivery Schedule Quantity Date

0001AA SubCLIN Del Sch

acrn: AA

Sec Class: U

ship to: U

1 2MARO

descriptive data:

The period of performance shall be for two (2) months after receipt of order.

0002AA

SubCLIN Del Sch

Sec Class: U

acrn: AA

ship to: U

1 ASREQ

descriptive data:

Data shall be in accordance with DD Form 1423, dated 24 February 1997. Exhibit A, attached hereto.

SubCLIN Del Sch 0004AA

Sec Class: U

acrn: AA

ship to: U

1 ASREO

descriptive data:

Concurrent with SubCLIN 0001AA.

#### 4. SECTION G

| ACRN | Acct Class data                 | Appropriation/Lmt Subhead/CPN Recip DODAAD Supplemental Accounting Classification | Obligation<br>Amount |
|------|---------------------------------|-----------------------------------------------------------------------------------|----------------------|
| AA   | ACCOUNT<br>UNCLASSIFIED         | 5773600 F03000<br>297 4720 674479 230007 00592 28060F 503000                      | \$ 13,896.07         |
|      | pr/mipr data:<br>GFBFS977200008 |                                                                                   |                      |

#### descriptive data:

The fund cite appears as follows on the PR:

5773600 297 4720 674479 230007 592 28060F 503000 F030001A

A&AS Code is 592.

#### 5. SECTION H

a. In accordance with AF FAR Sup 5352.245-9000, Base Support (Jul 1992), base support will be provided by the Theater Missile Defense IPT Program Office for the following items:

Office space, Telephone, Utilities and Standard office materials and equipment.

- b. In accordance with Special Access Requirements/Procedures, Atch 2, DD 254 dated 7 March 1997 applies to this delivery order.
- c. In accordance with Special Contract Requirement 5252-232-9305, "Limitation of Government's Obligation -Time and Materials" the ceiling price of this order for SubCLIN 0001AA is \$12,033.12 of which \$12,033.12 is available and obligated. The amount currently funded will support the effort for two months after receipt of order.

## 6. SECTION I

The following clauses are added to Section I-CONTRACT CLAUSES for this task order:

- 52.217-5 EVALUATION OF OPTIONS (JUL 1990) Except when it is determined in accordance with FAR 17.206(b) not to be in the Government's best interests, the Government will evaluate offers for award purposes by adding the total price for all options to the total price for the basic requirement. Evaluation of options will not obligate the Government to exercise the option(s).
- 52.217-8 OPTION TO EXTEND SERVICES (AUG 1989) The Government may require continued performance of any services within the limits and at the rates specified in the Contract. The Contracting Officer may exercise the option by written notice to the Contractor within the period specified in the Schedule.

In accordance with FAR Clause 52.232-22, "Limitation of Funds" (Apr 1984), Section I of the basic contract, the estimated cost of SubCLIN 0004AA is \$1,862.95. The amount presently available and allotted to this cost-reimbursable effort is \$1,862.95. It is contemplated that the funds presently allotted to this SubCLIN will cover the work to be performed for two months after receipt of order.

## 7. SECTION J

| Document  | Title and Date No. of                                                                                                                                                                                                  | Pages |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Atch 1    | Statement of Work dated February 1997 for Support to the Theater Missile Defense Attack Operations IPT for Modernization Planing, Operational Concept and JTARS Advanced Technology Demonstrations dated February 1997 | 4     |
| Atch 2    | DOD Contract Security<br>Classification Specifications<br>07 March 1997                                                                                                                                                | 3     |
| Exhibit A | Contract Data Requirements List (CDRL) dated 24 February 1997                                                                                                                                                          | 5     |

# TASK ORDER IMPLEMENTATION PLAN THEATER MISSILE DEFENSE (TMD) ATTACK OPERATIONS (AO) INTEGRATED PRODUCT TEAM (IPT)

## 1.0 Introduction and Background (Task Order 1.0)

The purpose of this task order implementation plan is to transition from the old to the new contract with no disruption to the TMD AO IPT program office and the incumbent contractor workforce. The ANSTEC Team management/technical approach described below will be revisited on implementation and adjusted where necessary to support our objective of accomplishing a smooth transition.

We are committed to making this transition seamless—transparent to the TMD AO IPT and smooth for the incumbent acquisition logistics team personnel. A transparent, smooth transition is essential to maintaining the continuity of operations of the TMD AO IPT weapons system program.

We intend to hire the acquisitions logistics person currently approved to work in the TMD AO IPT. We can have these team members ready and able to report to work on March 7, 1997. We will take care of and support the TMD AO IPT acquisition logistics team member so that the individual can concentrate completely on TMD AO IPT requirements. We have a reputation for taking care of our people. When we bid on this job, we protected employee benefits and sustained our people-focused policies including competitive salaries.

The ANSTEC Team, comprised of ANSTEC and its only subcontractor, Dynamics Research Corporation (DRC), brings to the TMD AO IPT a corporate strength of over 2,000 professionals and combined annual sales of over \$165 million. Of these 2,000-plus professionals, the ANSTEC Team currently has over 400 professionals providing Air Force assistance and advisory service contract support to Air Force Materiel Command (AFMC) organizations at Wright-Patterson AFB, Eglin AFB, Hanscom AFB, and Tinker AFB. The ANSTEC Team provides the TMD AO IPT more that just local Aeronautical Systems Center (ASC) trained logisticians. We bring the combined infrastructure of our team to support our person in the TMD AO IPT at ASC. This corporate infrastructure has ties throughout the Air Staff, AFMC, and Air Combat Command (ACC)—the TMD IPT's customer.

The ANSTEC Team's infrastructure supporting its logistician in the TMD AO IPT has as its core a pool of professional high-technology people with a broad spectrum of skills and knowledge (i.e., operational researchers, system analysts, and computer scientists) to assist in meeting TMD AO logistics needs. These people not only have current knowledge and expertise, but are at the forefront of technology in assisting Air Force customers in understanding and solving logistics problems.

Current work in the TMD AO IPT program office with logistics modeling includes helping define the requirements for the future strike fighter. This logistics modeling work can provide the cornerstone of assisting the TMD AO IPT in making logistics trades among competing system requirements and, in fact, is currently being evaluated by ACC/LG as an analysis tool for the same purpose. The ANSTEC Team is in a position to provide the connectivity between ACC/LG and the TMD AO IPT.

## 2.0 APPLICABLE DOCUMENTS (TASK ORDER 2.0)

The scope of this implementation plan covers integrated logistics support (ILS) planning efforts, in response to weapon system acquisition planning and technology demonstrations, as called out in the TMD, PMD 2336(3), dated 12 September 1995.

## 3.0 TECHNICAL APPROACH (TASK ORDER 3.0)

#### Objective

The ANSTEC Team's technical approach ensures that the TMD acquisition logistics objectives, as amplified in paragraphs 3.1 and 3.2 of the basic task order, drive each of the team's supporting objectives and tasks

6.

## **Supporting Objectives**

The ANSTEC Team will assist in accomplishing ILS planning efforts to determine the impact of TMD program initiatives on the logistics support structure. All activity will conform to the existing TMD IPT structure. In addition, the ANSTEC Team will assist in conducting review activities, briefing support and perform travel as requested by the TMD IPT Lead.

## 3.1 MODERNIZATION PLANNING SUPPORT (TASK ORDER 3.1)

The ANSTEC Team will perform research, analysis and develop comprehensive life cycle costs for acquisition and cost of ownership estimates. The ANSTEC Team analysis will include a supportability assessment and characterize essential support planning efforts during acquisition phase 0. This task will include follow-on support of "what-if" exercises as they are presented after the initial modernization planning process (MPP) cost estimate is submitted to HQ ACC.

The ANSTEC Team will research and define the full functionally of the current concept's technical definitions; this will include definition of the objective of the concept, analysis of the avionics interfaces to the existing avionics suites, and evaluation of the impact of the concept on the operational aspects of the weapon system. The contractor will use this information to evaluate and define the acquisition strategy required for the current concepts. This task will include collection of cost data for the baseline systems, reliability and maintainability for the existing systems, and prime contractor estimates for predicted reliability forecasts combined with weapon system contractors cost estimates for acquisition development and production.

Upon completion of the research and data collection process, the ANSTEC Team will assess the concept for cost-estimating relationships and develop a modeling strategy for the final cost estimate. The contractor will evaluate the models used by the baseline weapons systems for appropriateness for the TMD concepts and level of sensitivity. Development of additional estimating strategies and cost-estimating relationships will be performed, as required, to accurately capture all acquisition and cost-of-ownership costs. The ANSTEC Team will test the models and relationships prior to use with actual cost values to ensure accurate cost estimate documentation. The final cost data will be formatted to meet the requirements of the USAF's MPP cost model. The ANSTEC Team will provide full documentation of the entire cost-estimating process, including ground rules and assumptions, data input, model cost relationships, data analysis, model runs, output data, and final analysis and recommendations in the format determined by the MPP documentation.

## 3.2 OPERATIONAL CONCEPT AND TECHNOLOGY DEMONSTRATIONS (TASK ORDER 3.2)

The ANSTEC Team will provide integrated logistical support planning to ensure that the test objectives of the TMD technology test demonstrations are met. This planning will include the coordination and scheduling of test support assets, arranging for transportation of test articles to arrive in the test location, and ensuring appropriate support equipment, communications, facilities, power, and other resources necessary for completion of test objectives. The ANSTEC Team will document the logistics planning efforts in a final logistics support agreement between the demonstration support providers and the TMD program; this documentation will be provided in a technical report format. The contractor will provide the required logistics support integration and management expertise, perform site surveys in each of the Air

Force installations and test ranges, and support test planning working groups for each of the technology demonstrations, as required.

The ANSTEC Team will work with the prime weapon system contractor to monitor progress in the development of technology integration with existing Air Force platforms. The ANSTEC Team will provide asset visibility support and coordination between the Government and the prime contractor for logistics-related impacts, and ensure that Government-furnished equipment used in the technology demonstrations is adequately handled and maintained and in serviceable condition when returned to Government inventories.

## 4.0 PROGRAM MANAGEMENT (TASK ORDER 4.0)

## 4.1 ANSTEC TEAM PROGRAM MANAGER RESPONSIBILITIES

The ANSTEC Team Program Manager will be responsible to ASC/CDSK for overall contract technical performance, including cost and schedule, completeness/correctness of all data submittals, coordination of the selection of the task leader, and collaboration on the task leader's performance. Based on its understanding of TMD AO IPT requirements, ANSTEC proposes a Senior Logistician/Task Leader who has more than 10 years of direct acquisition logistics experience, with 2 years of Theater Missile Defense experience on this task order. In support of ASC's policy to reduce overhead/management direct labor charges, any overhead/management man-hour requirements over and above what can be expected of a Task Leader will be absorbed by the Program Manager.

## 4.2 ANSTEC TEAM RESPONSIBILITIES

The ANSTEC Team Senior Logistician Task Leader will be responsible to the TMD function area evaluator (FAE) (ASC/FBXT) for day-to-day operations, technical liaison, review, approval, and final acceptance of efforts accomplished under this implementation plan. Included will be a task accomplishment plan (TAP) to be submitted along with the first monthly status report.

## 5.0 DATA MANAGEMENT (TASK ORDER 5.0)

The ANSTEC Team will provide the following contract deliverables:

- Status Report (A0002). 10 days after the first full month of contract order award and as an appendix
  to the status report, the contractor will provide a performance and cost status.
- Contract Summary Report (A0003). A draft Contract Summary Report (CSR) will be submitted 30 days prior to contract completion date, and a final CSR will be submitted at contract completion date.
- Technical Report (A0004). Requirements for technical reports will requested through the Task Order Monitor.

The ANSTEC Team will ensure each contract deliverable is provided as required by the CDRL.

## 6.0 TRAVEL REQUIREMENTS

The team will perform travel as outlined below and prepare a trip report documenting the results of the fluetings or reviews. Before the actual travel of any team member, the customer will be required to provide written approval. An estimated cost for the trip will be provided, as well as an estimate of the travel funds remaining.

As directed, all estimates for travel are based on origination from Dayton, Ohio. The ANSTEC Team temporary duty travel itinerary follows:

| e Pagilgalia e  | Number of | Operation<br>(Days) | s (produce) c<br>are realized |
|-----------------|-----------|---------------------|-------------------------------|
| Cannon AFB      | 1         | 3                   | 1                             |
| Eglin AFB       | 4         | 3                   | 1                             |
| Melbourne, FL   | 2         | 3                   | 1                             |
| Orlando, FL     | 2         | 3                   | 1                             |
| Los Angeles, CA | 2         | 3                   | 1                             |

## 7.0 STAFFING

The ANSTEC Team proposes one Senior Logistician to support TMD AO IPT.

The ANSTEC Team understands that TMD AO IPT needs and acknowledges the requirement to provide people with knowledge of the TMD AO IPT concepts. As circumstances would have it, the only individual who meets this requirement is currently accomplishing similar work under the existing contract, which expires in early March 1997. Our intention is, after being awarded a task by the Air Force for this work, to hire the incumbent for our team supporting the TMD AO. We are confident in being able to hire the talented individual, since both ANSTEC and DRC have a full complement of employee benefits, competitive salaries, and reputations for "taking care of people."

In accordance with Section H-015 of the contract, ANSTEC has not included the resume of the incumbent staff since it is already approved and on file.

|                                                                            | DEPARTMENT OF DEF                                                                                                    | ENSE     |                   |          | 1. CLEARANCE AND SAFEGUARDING |                                             |                                                                                                                                                |       |     |  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|-------------------|----------|-------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--|
| CC                                                                         | ONTRACT SECURITY CLASSIFICAT                                                                                         | ION S    | SPEC              | CIFIC.   | ATIO                          | ATION a. FACILITY CLEARANCE REQUIRED SECRET |                                                                                                                                                |       |     |  |
|                                                                            | (The requirements of the DoD Industrial Sec<br>to all security aspects of this e                                     |          | fanual            | apply    |                               |                                             | b.LEVEL OF SAFEGUARDING REQUIRED                                                                                                               | ,     |     |  |
| 2 TH                                                                       | IS SPECIFICATION IS FOR: (X and complete as a                                                                        |          | (a)               |          | 3 TH                          | 100                                         | SECRET  SPECIFICATION IS: (X and complete as applicable)                                                                                       | ,     |     |  |
| 2. 11                                                                      | a. PRIME CONTRACT NUMBER                                                                                             | арріісар | 16)               |          | 3. 111                        | 100                                         | Date (YY)                                                                                                                                      | 4400  |     |  |
| ×                                                                          |                                                                                                                      | : 6 M    | ar 98)            | )        | ×                             | a. C                                        | ORIGINAL (Complete date in all cases)                                                                                                          | 7 03  |     |  |
|                                                                            | b. SUBCONTRACT NUMBER                                                                                                |          |                   |          |                               |                                             | REVISED (Supersedes all previous specs)  Revision No.  Date (YY)                                                                               | MMDD) | )   |  |
|                                                                            | c SOLICITATION OR OTHER NUMBER                                                                                       | JE Date  | (YYMM             | (ססו     |                               | c. F                                        | INAL (Complete Item 5 in all cases)                                                                                                            | MMDD) | )   |  |
| 4. IS THIS A FOLLOW-ON CONTRACT? YES X NO. If Yes, complete the following: |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| Classi                                                                     | Classified material received or generated under(Preceding Contract Number) is transferred to this follow-on contract |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| 5. IS                                                                      | THIS A FINAL DD FORM 254?                                                                                            | s        | $\times$ ] $_{I}$ | NO. If Y | es, con                       | nplet                                       | e the following:                                                                                                                               |       |     |  |
| In resp                                                                    | conse to the contractor's requested dated                                                                            |          | , rete            | ention o | f the ide                     | entific                                     | ed classified material is authorized for the period of                                                                                         |       |     |  |
| 6. CC                                                                      | NTRACTOR (Include Commercial and Government                                                                          | Entity ( | CAGE              | Code     | )                             |                                             |                                                                                                                                                |       |     |  |
| a. NA                                                                      | ME, ADDRESS, AND ZIP CODE                                                                                            |          | ·                 | b. CA    | GE CO                         | DE                                          | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip                                                                                           | Code  | )   |  |
| ANS                                                                        | TEC, Inc                                                                                                             |          |                   |          |                               |                                             | Captial Area DIS                                                                                                                               |       |     |  |
|                                                                            | Spring Hill Rd, Suite 500                                                                                            |          |                   | 6        | 9048                          |                                             | Hoffman Bldg                                                                                                                                   |       |     |  |
| McL                                                                        | ean, VA 22102                                                                                                        |          |                   |          |                               |                                             | 2461 Eisenhower Ave                                                                                                                            |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             | Alexandria, VA 22331-1000                                                                                                                      |       |     |  |
| 7. SU                                                                      | BCONTRACTOR                                                                                                          |          |                   | l,       |                               |                                             |                                                                                                                                                |       |     |  |
|                                                                            | ME, ADDRESS, AND ZIP CODE                                                                                            |          |                   | b. CA    | GE CO                         | DE                                          | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip                                                                                           | Code  | )   |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| N/A                                                                        |                                                                                                                      |          |                   | 1        | N/A N/A                       |                                             |                                                                                                                                                |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| 8. AC                                                                      | TUAL PERFORMANCE                                                                                                     |          | ·····             | L        |                               |                                             | <u> </u>                                                                                                                                       |       |     |  |
| a. LC                                                                      | CATION                                                                                                               |          |                   | b. CA    | AGE CO                        | DDE                                         | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip                                                                                           | Code  | e)  |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| N/A                                                                        |                                                                                                                      |          |                   | 1        | N/A                           |                                             | N/A                                                                                                                                            |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| 9. GE                                                                      | NERAL IDENTIFICATION OF THIS PROCURE                                                                                 | MENT     |                   | L        |                               |                                             |                                                                                                                                                |       |     |  |
| On-s                                                                       | ite to ASC/FBXT                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
|                                                                            |                                                                                                                      |          |                   |          |                               |                                             |                                                                                                                                                |       |     |  |
| 10 TI                                                                      | HIS CONTRACT WILL REQUIRE ACCESS TO:                                                                                 | VEC      | NO                | 11 18    | DEDI                          | EOB                                         | MING THE CONTRACT THE CONTRACTOR WILL.                                                                                                         | VEC   | NO  |  |
|                                                                            | OMMUNICATIONS SECURITY (COMSEC) INFORMATION                                                                          | YES      | NO<br>X           |          |                               |                                             | IMING THIS CONTRACT, THE CONTRACTOR WILL:<br>S TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S<br>A GOVERNMENT ACTIVITY                 | YES   | NO  |  |
|                                                                            | ESTRICTED DATA                                                                                                       | 1        | X                 |          |                               |                                             | SSIFIED DOCUMENTS ONLY                                                                                                                         |       | X   |  |
|                                                                            | RITICAL NUCLEAR WEAPON DESIGN INFORMATION                                                                            | 1        | X                 | c. R     | ECEIVE                        | AND                                         | GENERATE CLASSIFIED MATERIAL                                                                                                                   |       | X   |  |
| d. FO                                                                      | DRIMERLY RESTRICTED DATA                                                                                             |          | X                 | d. F     | ABRICA'                       | TE, N                                       | ODIFY, OR STORE CLASSIFIED HARDWARE                                                                                                            |       | X   |  |
| e. IN                                                                      | ITELLIGENCE INFORMATION                                                                                              |          |                   |          |                               |                                             | RVICES ONLY                                                                                                                                    |       | X   |  |
| (1                                                                         | ) Sensitive Compartmented Information (SCI)                                                                          | ļ        | X                 | f. H.    | AVE ACI                       | CESS<br>PO                                  | S TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S. PUERTO SSESSIONS AND TRUST TERRITORIES SPECIAL THE SERVICES OF DEFENSE TECHNICAL INFORMATION |       | X   |  |
| (2                                                                         | ) Non-SCI                                                                                                            | <b></b>  | X                 |          |                               |                                             | ED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION OF OTHER SECONDARY DISTRIBUTION CENTER                                                 |       | ίX  |  |
| f. SI                                                                      | PECIAL ACCESS INFORMATION                                                                                            |          | X                 |          |                               |                                             | DMSEC ACCOUNT · ·                                                                                                                              |       | Λ×  |  |
|                                                                            | ATO INFORMATION                                                                                                      | $\vdash$ | ×                 |          |                               |                                             | ST REQUIREMENTS  FLOWS SECURITY (ORSEC) REQUIREMENTS                                                                                           |       | X   |  |
|                                                                            | DREIGN GOVERNMENT INFORMATION                                                                                        | -        | X                 |          |                               |                                             | TIONS SECURITY (OPSEC) REQUIREMENTS  ED TO USE THE DEFENSE COURIER SERVICE                                                                     |       | 쉸   |  |
|                                                                            | MITED DISSEMINATION INFORMATION                                                                                      | X        | <u> </u>          |          | <del></del>                   |                                             | *                                                                                                                                              |       | -   |  |
|                                                                            | OR OFFICIAL USE ONLY INFORMATION  THER (Specify)                                                                     | +^-      |                   | I. O     | THER (S                       | sp <del>o</del> ci                          |                                                                                                                                                |       | [ ] |  |
| χ. Ο                                                                       | (Speeing)                                                                                                            |          |                   |          | :                             |                                             |                                                                                                                                                |       | ×   |  |
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Previous editions are obsolete.

DD Form 254, DEC 90 (EF-V1) (PerFORM PRO)

F33657-97-D-2006/0002. Page 2 of 3 

| Direct X Through (Specify): ASC/PA, 1865 4th Street, Suite 15, W                                                                         | eight Dottomon AED OH 46                                                                                                                                                                   | 5422 7120                                                                                                                                                                   |                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASCIFA, 1803 4m Sueet, Suite 13, W                                                                                                       | ngin-ranerson Arb Oh 43                                                                                                                                                                    | 3433-7129.                                                                                                                                                                  |                                                                                                                                                                                     |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| to the Directorate for Freedom of Information and Sec<br>In the case of non-DoD User Agencies, requests for                              |                                                                                                                                                                                            |                                                                                                                                                                             | iew.                                                                                                                                                                                |
| 13. SECURITY GUIDANCE. The security classic contributing factor indicates a need for changes in the                                      | ication guidance need for this classified ef<br>s guidance, the contractor is authorized ar<br>enerated under this contract; and to subm<br>nd protected at the highest level of classific | ffort is identified below. If any difficulty<br>nd encouraged to provide recommende<br>nit any questions for interpretation of thi<br>cation assigned or recommended. (Fill | d changes; to challenge the guidance or the classification<br>s guidance to the official identified below. Pending final<br>in as appropriate for the classified effort. Attach, or |
| a. Ref Block 10j: FOUO applies: See                                                                                                      |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| <ul><li>b. Ref Block 11a: Releasing governm<br/>Contractor performance is restricted to<br/>c. Program Manager: Mr. Gary E. Ma</li></ul> | ASC/FBXT, 2275 D Street                                                                                                                                                                    | t, Suite 16, Wright-Patters                                                                                                                                                 |                                                                                                                                                                                     |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             | NISPOM), Jan 95 applies.                                                                                                                                                            |
| Classification, declassific                                                                                                              | ation and markings                                                                                                                                                                         | will be in accord                                                                                                                                                           | ance with E.O. 12958.                                                                                                                                                               |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
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|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| 14. ADDITIONAL SECURITY REQUIREMENT  the pertinent contractual clauses in the contract docu                                              |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| a copy of the requirements to the cognizant security of                                                                                  | ffice. Use Item 13 if additional space is ne                                                                                                                                               | eeded)                                                                                                                                                                      |                                                                                                                                                                                     |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| 15. INSPECTIONS. Elements of this contract are or                                                                                        | tside the inspection responsibility of the a                                                                                                                                               | ognizant security office. (If Yes, identif                                                                                                                                  | y specific X Yes No                                                                                                                                                                 |
| areas or elements carved out and the activity respons                                                                                    |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| Contractor performance will occur at A                                                                                                   |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| relieved of all responsibility for contra oversight.                                                                                     | nor performance on the inst                                                                                                                                                                | ialiation. ASC/SYSIC, w                                                                                                                                                     | PAFB, OH will maintain security                                                                                                                                                     |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| <ol> <li>CERTIFICATION AND SIGNATURE. Se<br/>information to be released or generate</li> </ol>                                           |                                                                                                                                                                                            |                                                                                                                                                                             |                                                                                                                                                                                     |
| a. TYPED NAME OF CERTIFYING OFFICIAL                                                                                                     | b. TITLE                                                                                                                                                                                   | an questions shall be referre                                                                                                                                               | c. TELEPHONE (Include Area Code)                                                                                                                                                    |
|                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                             |
|                                                                                                                                          | 1000000                                                                                                                                                                                    |                                                                                                                                                                             |                                                                                                                                                                                     |
| d. ADDRESS (Include Zip Code)                                                                                                            | ASC/SYS                                                                                                                                                                                    | 17. REQUIRED DISTRIBUTION  a. CONTRACTOR                                                                                                                                    | on .                                                                                                                                                                                |
|                                                                                                                                          | COORDINATION                                                                                                                                                                               | b. SUBCONTRACTOR                                                                                                                                                            |                                                                                                                                                                                     |
| - CIONATURE                                                                                                                              | DO ONLINE                                                                                                                                                                                  | <del></del>                                                                                                                                                                 | OFFICE FOR PRIME AND SUBCONTRACTOR                                                                                                                                                  |
| e. SIGNATURE                                                                                                                             | PU-UNLY                                                                                                                                                                                    | d. U.S. ACTIVITY RESPON                                                                                                                                                     | NSIBLE FOR OVERSEAS SECURITY ADMINISTRATION<br>ITRACTING OFFICER                                                                                                                    |
| 1 Warnard Classing                                                                                                                       | 77 Mag 1 7 1                                                                                                                                                                               | X 1. OTHERS AS NECESSAR                                                                                                                                                     |                                                                                                                                                                                     |
| DD Form 254, DEC 90 <i>(REVERSE) (EF-(yl.) (I</i>                                                                                        | erFdRM PRO                                                                                                                                                                                 | _i                                                                                                                                                                          |                                                                                                                                                                                     |
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## FOR OFFICIAL USE ONLY

The following procedures will be used to protect FOR OFFICIAL USE ONLY (FOUO) information.

1. HANDLING: Access to FOUO material shall be limited to those employees who need the material to do their jobs. The FOR OFFICIAL USE ONLY marking is assigned to information when created by a DOD User Agency. FOR OFFICIAL USE ONLY is not a classification, but requires extra precautions to ensure it is not released to the public.

#### 2. MARKING:

- a. Mark an unclassified document containing FOUO information "FOR OFFICIAL USE ONLY" at the bottom of each page containing FOUO information and on the bottom of the front page or front cover (if any) and on the back of the last page and on the back cover (if any).
  - b. In a classified document, mark:
- An individual paragraph that contains FOUO, but not classified information, by placing "(FOUO)" at the beginning of the paragraph.
- The top and bottom of each page that has both FOUO and classified information, with the highest security classification of the information on that page.
  - "FOUO" at the bottom of each page that has FOUO but not classified...
- If a classified document also contains FOUO information or if the classified material become FOUO when declassified, place the following statement on the bottom of the cover or the first page, under the classification marking: "NOTE: If declassified, review the document to make sure material is not FOUO and not exempt under AFI 37-131 before public release.
- c. Mark other records, such as computer print outs, photographs, films, tapes, or slide 'FOR OFFICIAL USE ONLY" so that the receiver or viewer knows the record contains FOUO information.
- d. Mark each part of a message that contains FOUO information. Unclassified messages containing FOUO information must show the abbreviation "FOUO" before the test begins.
  - e. Make sure that documents that transmit FOUO materials call attention to any FOUO attachments.
- f. Any FOUO material released to a contractor by a DOD User Agency must have the following statement on the front page or cover: THIS DOCUMENT CONTAINS INFORMATION EXEMPT FROM MANDATORY DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT. EXEMPTION(S) \_\_\_\_\_\_APPLY.
- 3. STORAGE: To safeguard FOR OFFICIAL USE ONLY records during normal duty hours, place them in an out-of-sight location if your work area is accessible to persons who do not have a valid need for the information. After normal duty hours, store FOUO records to prevent unauthorized access. File them with other unclassified records in unlocked files or desks when internal building security is provided. When there is not internal security, locked buildings or rooms usually provide adequate after-hours protection. For additional protection, store FOUO material in locked containers such as file cabinets, desks, or bookcases. Expenditure of funds for security containers or closed areas solely for the protection of FOUO data is prohibited.
- 4. **TRANSMISSION**: FOUO material shall be transmitted by the same methods as other UNCLASSIFIED material. Discussion of FOUO material on the telephone is authorized if necessary for performance of the contract. FOUO information may be transmitted over telephone lines in digital form, by telecopies, or by other DSN teletype lines without encryption.
- 5. **RELEASE**: FOUO information shall not be released outside the contractor's facility except to representatives of the DOD.
- 6. **DESTRUCTION**: When no longer needed, FOUO information may be disposed of by an method which will preclude its disclosure to unauthorized individuals.

| CONTRACT DATA                            | REQUIREMENT                               | 2 L121                                                                    |                          |                      | OMB No. 0704-0188                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |              |              |
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| :                                        | na avictina data ec                       | tion of information is<br>ources, gathering and<br>og this burden estimat | maintaining              | the data needed. Al  | s per response, included and response and response to the second | ding the tine | ic conscor   | ION OI       |
| de sim a this burden                     | to Department o                           | f Defense Washingto                                                       | on Headquar              | ters Services. Direc | ctorate for information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on Operacio   | วแร ชมน พ    | кероны, ј    |
| Reduction Project ((                     | )704-0188). Wash                          | 1204, Arlington VA<br>ington DC 20503. Pl                                 | lease DO NO              | JI KETUKN your       | form to either of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | se addresse   | es. Send     |              |
| completed form to the                    | ne Government iss                         | ted Block E.                                                              |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| A. CONTRACT LINE                         | HEM NO.                                   | B. EXHIBIT                                                                |                          | C. CATEGORY:         | TM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OTH           | ER N/A       |              |
| A TDP DOD/A                              |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTH           |              |              |
| D. SYSTEM/ITEM E. CONTRACT/PR NO. F. CO  |                                           |                                                                           | F. CONTRACTO             | R                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| 1. DATA ITEM NO.                         | 2. TITLE OF I                             | DATA FIEM                                                                 |                          | 3. SUBTITLE          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <del></del>  |              |
|                                          |                                           | MINIEM                                                                    |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| A0002<br>4. AUTHORITY (Dat               | Status Report a Acquisition               | 5. CONTRACT R                                                             | EFERENCE                 | <u> </u>             | 6. REQUIRING OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FICE          |              |              |
| Document No.                             |                                           | SOW Para 4.0                                                              |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              | :            |
| DI-MGMT-80368/T                          |                                           | 10 ITEMOV                                                                 | L 12 DATE                | OF EIDST             | ASC/FBXT  14. DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>   |              |              |
| 7. DD 250 REQ                            | 9. DIST<br>STATEMENT<br>REQUIRED          | 10. FREQUENCY                                                             | 12. DATE<br>SUBMISSI     |                      | 14. DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |              |              |
| LT                                       | in Contract                               | Monthly                                                                   | SEE BLK                  |                      | a ADDRESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b. COPI       | ES<br>Final  |              |
| 8. APP CODE                              |                                           | 11. AS OF DATE                                                            | SUBMISS.                 | SUBSEQUENT           | a ADDRESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | I that       |              |
| SEE BLK 16 Monthly                       |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Draft         | Reg          | Repro        |
| 16. REMARKS                              |                                           |                                                                           |                          |                      | ASC/XRPA<br>ASC/FBXT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | 1            | <del> </del> |
| 1. Block 4 - Contra<br>FNCL-80912/T Cos  | ector format accept<br>st and Performanc  | table. Contractor ma<br>e Report to this statu                            | y append co<br>s report. | ntent for DI-        | ASC/CDSY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | Î            |              |
| 2. Block 12 - Initia awarded.            | l submission due                          | 10th day after first fu                                                   | li month afte            | er contract order    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| 3. Block 11 - Meet                       | ing Minutes/Trip l                        | Reports due 5 days af                                                     | ter meeting              | or trip.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| 4.00                                     | -11 h tonia acati                         | ons. The first section                                                    | will monort              | nmaress on cost      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del> </del>  |              | 1            |
| analysis for modern will report progress | ization planning of<br>in logistics suppo | or other customer cost<br>ort planning and integ                          | t requests. 7            | the second section   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| concept and advance                      | ed technology der                         | nonstrations.                                                             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
|                                          |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -             | <del> </del> |              |
|                                          |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <del> </del> |              |
|                                          |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
|                                          |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <u> </u>     | <del>-</del> |
| ļ                                        |                                           |                                                                           |                          |                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | <del> </del> | -            |
| 1                                        |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |
| _                                        |                                           |                                                                           |                          |                      | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |              | <del> </del> |
| G DDVD 4 SED 55                          |                                           |                                                                           |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | 3<br>ATE     |              |
| G. PREPARED BY                           |                                           | H. DATE  34 F16 97                                                        |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | 10.1         | 97           |
| 11W+D. 10                                | W                                         |                                                                           | 1                        |                      | Nastra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13            | 124/         | <u>'/</u>    |
| DD FORM 1423-1                           | , JUN 90                                  | Previous edition                                                          | s are obsole             | :16                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |              |

| CONTRACT DATA REQUIREMENTS LIST                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    | Form Approved<br>OMB No. 0704-0188                                                                                      |                                        |                                   |                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|-----------------------|--|
| Public reporting bure<br>instructions, searchin<br>information. Send c<br>reducing this burden<br>1215 Jefferson Davi<br>Reduction Project (C<br>completed form to the                                                                                               | ng existing data so<br>omments regardin<br>, to Department o<br>s High way, Suite<br>1704-0188), Wash | ources, gathering and<br>g this burden estimate<br>f Defense, Washingto<br>1204, Arlington VA<br>ington DC 20503. Pl | maintaining<br>e or any othe<br>in Headquart<br>22202-4302<br>ease DO NC | the data needed, as<br>or aspect of this column<br>ters Services, Direct<br>2, and to the Office<br>OT RETURN your | nd completing and re<br>llection of informatio<br>ctorate for Informatio<br>of Management and<br>form to either of thes | n, includin<br>n Operatio<br>Budget Pa | g sugges<br>ons and R<br>operwork | tions for<br>Reports, |  |
| A. CONTRACT LINE                                                                                                                                                                                                                                                     | TIEM NO.                                                                                              | B. EXHIBIT                                                                                                           |                                                                          | C. CATEGORY:                                                                                                       |                                                                                                                         |                                        |                                   |                       |  |
|                                                                                                                                                                                                                                                                      | A                                                                                                     |                                                                                                                      |                                                                          | TDP<br>DOD/A                                                                                                       | TM<br>AMSDL                                                                                                             | ОТНЕ                                   | R N/A                             |                       |  |
| D. SYSTEM/ITEM E. CONTRACT/PR NO.                                                                                                                                                                                                                                    |                                                                                                       |                                                                                                                      | R NO.                                                                    | F. CONTRACTO                                                                                                       | R                                                                                                                       |                                        |                                   |                       |  |
| 1. DATA ITEM NO.                                                                                                                                                                                                                                                     | 2. TITLE OF I                                                                                         | Д<br>ОАТА ПЕМ                                                                                                        |                                                                          | 3. SUBTITLE                                                                                                        |                                                                                                                         |                                        |                                   |                       |  |
|                                                                                                                                                                                                                                                                      | St. Av. B                                                                                             |                                                                                                                      |                                                                          | Performance and C                                                                                                  | ost Report                                                                                                              |                                        |                                   | 1                     |  |
| A0002 4. AUTHORITY (Dat                                                                                                                                                                                                                                              | Status Report                                                                                         | 5. CONTRACT RI                                                                                                       | FERENCE                                                                  | 1 crioiniane cana c                                                                                                | 6. REQUIRING OFF                                                                                                        | ICE                                    |                                   |                       |  |
| Document No.                                                                                                                                                                                                                                                         | а децимион                                                                                            | J. Commercia                                                                                                         | 2. 2.12                                                                  |                                                                                                                    |                                                                                                                         |                                        |                                   |                       |  |
| DI-MGMT-80368                                                                                                                                                                                                                                                        |                                                                                                       | SOW Para 4.0                                                                                                         |                                                                          |                                                                                                                    | ASC/FBXT  14. DISTRIBUTION                                                                                              |                                        |                                   |                       |  |
| 7. DD 250 REQ                                                                                                                                                                                                                                                        | 9. DIST<br>STATEMENT                                                                                  | 10. FREQUENCY                                                                                                        | 12. DATE C<br>SUBMISSI                                                   |                                                                                                                    | 14. DISTRIBUTION                                                                                                        |                                        |                                   |                       |  |
| LT                                                                                                                                                                                                                                                                   | REQUIRED                                                                                              | Monthly                                                                                                              | See Blk 16                                                               |                                                                                                                    |                                                                                                                         | b. COPI                                | ES                                |                       |  |
| 8. APP CODE                                                                                                                                                                                                                                                          |                                                                                                       | 11. AS OF DATE                                                                                                       | 13. DATE S<br>SUBMISS.                                                   | SUBSEQUENT                                                                                                         | a ADDRESSEE                                                                                                             |                                        | Final                             |                       |  |
|                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    |                                                                                                                         | Draft                                  | Reg                               | Repro                 |  |
|                                                                                                                                                                                                                                                                      |                                                                                                       | See Blk 16                                                                                                           | Monthly                                                                  |                                                                                                                    | ASC/XRP                                                                                                                 | Diant                                  | 1                                 | Replo                 |  |
| 16. REMARKS                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    | ASC/FBXT                                                                                                                | <del> </del>                           | i i                               | 1                     |  |
| Block 12 - Initial order awarded.                                                                                                                                                                                                                                    | l submission due o                                                                                    | on 10th day after first                                                                                              | full month                                                               | after contract                                                                                                     | ASC/CDSY                                                                                                                |                                        | 1                                 |                       |  |
| 2. This report shall contain contract funds status report elements to include open commitments, accrued expenditures, forecast billings, estimated termination costs and remarks on any variances that would result in exceeding the task order total dollar amount. |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    |                                                                                                                         |                                        |                                   |                       |  |
| 3. Block 11 - This report may be submitted as an appendix to DI-MGMT-80368/T, Status Report.                                                                                                                                                                         |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    |                                                                                                                         |                                        |                                   |                       |  |
|                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                      |                                                                          |                                                                                                                    | TOTAL                                                                                                                   |                                        | 3                                 |                       |  |
| G. PREPARED BY                                                                                                                                                                                                                                                       | ,                                                                                                     | H. DATE                                                                                                              | I                                                                        | . APPROVED BY                                                                                                      |                                                                                                                         | J. D.                                  |                                   |                       |  |
| Kent J. Isa                                                                                                                                                                                                                                                          |                                                                                                       | 24 Feb 97                                                                                                            |                                                                          | HEM                                                                                                                | Partin                                                                                                                  | 2/                                     | 24/2                              | 7                     |  |
| DD FORM 1423-1                                                                                                                                                                                                                                                       | , JUN 90                                                                                              | Previous edition.                                                                                                    | s are obsole                                                             | te                                                                                                                 |                                                                                                                         |                                        |                                   |                       |  |

|                                                                                                           | CONTRACT DATA REQUIREMENTS LIST  Formed Approved OMB No. 0704-0188                                   |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|--------------------------------------------------|--|
| instructions, searching information. Send coreducing this burden 1215 Jefferson David Paduction Project ( | ng existing data so<br>omments regardin<br>, to Department o<br>s High way, Suite<br>)704-0188) Wash | ources, gathering and<br>g this burden estimat<br>f Defense, Washingto<br>1204, Arlington VA<br>ington DC 20503. Pl | maintaining<br>e or any other<br>on Headquar<br>22202-4302<br>lease DO NO | er aspect of this co<br>ters Services, Dire<br>2, and to the Office<br>OT RETURN your | s per response, include and completing and reliection of information courage for Information of Management and form to either of these Block E. | n, includin<br>n Operation<br>Budget Pa | g sugges<br>ons and R<br>operwork                | tions for eports,                                |  |
| completed form to the                                                                                     | ie Government iss                                                                                    | suing Contracting Off                                                                                               | icer for the C                                                            | C. CATEGORY:                                                                          | Seed Blook E.                                                                                                                                   |                                         |                                                  |                                                  |  |
| A. CONTRACT LINE                                                                                          | HEM NO.                                                                                              | A EXHIBIT                                                                                                           |                                                                           | TDP                                                                                   | TM                                                                                                                                              | OTHE                                    | R N/A                                            |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | AMSDL                                                                                                                                           |                                         |                                                  |                                                  |  |
| D. SYSTEM/TIEM E. CONTRACT/PR NO. F. CONTRACTO                                                            |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | PK                                                                                                                                              |                                         |                                                  |                                                  |  |
| 1. DATA ITEM NO. 2. TITLE OF DATA ITEM 3. SUBTITLE                                                        |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
| A0003                                                                                                     | Final Reports                                                                                        |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
| AUTHORITY (Dat Document No.                                                                               |                                                                                                      | 5. CONTRACT R                                                                                                       | EFERENCE                                                                  |                                                                                       | 6. REQUIRING OF                                                                                                                                 | FICE                                    |                                                  |                                                  |  |
|                                                                                                           |                                                                                                      | SOW Paras 3.1, 3.                                                                                                   | 2 & 5 0                                                                   |                                                                                       | ASC/FBXT                                                                                                                                        |                                         |                                                  |                                                  |  |
| DI-ADMIN-80447<br>7. DD 250 REQ                                                                           | 9. DIST<br>STATEMENT                                                                                 | 10. FREQUENCY                                                                                                       | 12. DATE<br>SUBMISSI                                                      |                                                                                       | 14. DISTRIBUTION                                                                                                                                | 1                                       |                                                  |                                                  |  |
|                                                                                                           | REQUIRED                                                                                             | ONE/D                                                                                                               |                                                                           |                                                                                       |                                                                                                                                                 | b. COPI                                 | ES                                               |                                                  |  |
| 8. APP CODE                                                                                               | AN                                                                                                   | ONE/R<br>11. AS OF DATE                                                                                             | 13. DATE<br>SUBMISS.                                                      | SUBSEQUENT                                                                            | a ADDRESSEE                                                                                                                                     |                                         | Final                                            |                                                  |  |
| A                                                                                                         |                                                                                                      |                                                                                                                     | See Blk 16                                                                | 5                                                                                     |                                                                                                                                                 | Draft                                   | Reg                                              | Repro                                            |  |
| 16. REMARKS                                                                                               |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | ACCAEDVE                                                                                                                                        | +                                       | 1                                                |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | ASC/FBXT<br>ASC/XRC                                                                                                                             | <del> </del>                            | 1                                                |                                                  |  |
| 1. Block 4 - Contra                                                                                       |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | ASC/CDSY                                                                                                                                        |                                         | i                                                |                                                  |  |
| 2. Block 12 - This                                                                                        | report shall be del                                                                                  | ivered 10 working da                                                                                                | ays prior to t                                                            | ask completion.                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
| analyses delineating                                                                                      | g all concept defin                                                                                  | is. The first section s<br>attions and cost element<br>stic support agreement<br>concept and advanced               | ents performe<br>nts, if applic                                           | ed. The second able, and after                                                        |                                                                                                                                                 |                                         |                                                  |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         | $\vdash$                                         |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         | <del>                                     </del> |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 | <u> </u>                                |                                                  | -                                                |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         | <b>_</b>                                         |                                                  |  |
|                                                                                                           |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 | _                                       |                                                  | <del>                                     </del> |  |
| Ì                                                                                                         |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 | +                                       | <del> </del>                                     | _                                                |  |
| _                                                                                                         |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       |                                                                                                                                                 |                                         |                                                  | <u> </u>                                         |  |
| ,                                                                                                         |                                                                                                      |                                                                                                                     |                                                                           |                                                                                       | TOTAL                                                                                                                                           |                                         | 3                                                |                                                  |  |
| G. PREPARED B                                                                                             | Y                                                                                                    | H. DATE                                                                                                             |                                                                           | I. APPROVED BY                                                                        |                                                                                                                                                 | J. D                                    | ATE                                              |                                                  |  |
| Kint D. 1                                                                                                 | Sau                                                                                                  | 24 Feb 9                                                                                                            | 7                                                                         | HE                                                                                    | Martin                                                                                                                                          | 2,                                      | 1241                                             | 97                                               |  |
| DD FORM 1423-                                                                                             | 1, JUN 90                                                                                            | Previous ea                                                                                                         | litions are o                                                             | bsolete                                                                               |                                                                                                                                                 |                                         |                                                  |                                                  |  |

| CONTRACT DATA                                                                                                       | REQUIREMENT                                                                                            | IS LIST                                                                                                           |                                                                         | Form Approved<br>OMB No. 0704-0188                                                                              |                                                                                                                                                              |                                                        |                                                  |                                                  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| instructions, searchi<br>information. Send of<br>reducing this burder<br>1215 Jefferson Davi<br>Reduction Project ( | ng existing data so<br>omments regardin<br>I, to Department o<br>s High way, Suite<br>1704-0188), Wash | ources, gathering and<br>ng this burden estima<br>f Defense, Washingt<br>1204, Arlington VA<br>ington DC 20503. P | maintaining<br>te or any oth<br>on Headquar<br>22202-430<br>Tease DO NO | the data needed, as<br>er aspect of this col-<br>ters Services, Direc<br>2, and to the Office<br>OT RETURN your | s per response, inclused the completing and recompleting and recompletion of information of information of Management and form to either of the tod Block F. | eviewing thon, includir<br>on Operation<br>I Budget Pa | ie collecting sugges<br>ons and R<br>aperwork    | ion of<br>tions for<br>leports,                  |
| completed form to the A. CONTRACT LINE                                                                              | E ITEM NO.                                                                                             | C. CATEGORY:                                                                                                      | ied block L.                                                            |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         | TDP<br>DOD/A                                                                                                    | TM<br>AMSDL                                                                                                                                                  | ОТНЕ                                                   | ER N/A                                           |                                                  |
| D. SYSTEM/TIEM E. CONTRACT/PR NO.                                                                                   |                                                                                                        |                                                                                                                   |                                                                         | F. CONTRACTO                                                                                                    | R                                                                                                                                                            |                                                        |                                                  |                                                  |
| 1. DATA ITEM NO.                                                                                                    | 2. TITLE OF I                                                                                          | DATA ITEM                                                                                                         |                                                                         | 3. SUBTTILE                                                                                                     |                                                                                                                                                              |                                                        |                                                  |                                                  |
| A0004                                                                                                               | Technical Ren                                                                                          | orts Study/SVCS                                                                                                   |                                                                         | Interim Reports                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
| 4. AUTHORITY (Dat                                                                                                   |                                                                                                        | 5. CONTRACT R                                                                                                     | EFERENCE                                                                |                                                                                                                 | 6. REQUIRING OF                                                                                                                                              | FICE                                                   |                                                  |                                                  |
| Document No. DI-MISC-80508                                                                                          | ·                                                                                                      | SOW PARA 3.1, 3                                                                                                   | 3.2, 5.0                                                                |                                                                                                                 | ASC/FBXT                                                                                                                                                     |                                                        |                                                  |                                                  |
| 7. DD 250 REQ                                                                                                       | 9. DIST<br>STATEMENT                                                                                   | 10. FREQUENCY                                                                                                     | 12. DATE O<br>SUBMISSION                                                |                                                                                                                 | 14. DISTRIBUTION                                                                                                                                             | 1                                                      |                                                  |                                                  |
| LT                                                                                                                  | REQUIRED                                                                                               | ONE/R                                                                                                             | SEE BLK 1                                                               | 16                                                                                                              | b. COPIES                                                                                                                                                    |                                                        |                                                  |                                                  |
| 8. APP CODE                                                                                                         |                                                                                                        | 11. AS OF DATE                                                                                                    | 13. DATE S<br>SUBMISS.                                                  | SUBSEQUENT                                                                                                      | a. ADDRESSEE                                                                                                                                                 |                                                        | Final                                            |                                                  |
|                                                                                                                     |                                                                                                        | AS REQ                                                                                                            | AS REQ                                                                  |                                                                                                                 |                                                                                                                                                              | Draft                                                  | Reg                                              | Repro                                            |
| 16. REMARKS                                                                                                         |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 | ASC/FBXT                                                                                                                                                     |                                                        | 1                                                | <b> </b>                                         |
| 1. Blocks 4 - Contra                                                                                                | actor format accep                                                                                     | otable:                                                                                                           |                                                                         |                                                                                                                 | ASC/XRC                                                                                                                                                      |                                                        | 1                                                |                                                  |
| 2. Block 12 - Delive MPP data submittal the test demonstration                                                      | date, and the test                                                                                     |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              | <del> </del>                                           | <b></b>                                          |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
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|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  | ļi                                               |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              | <del> </del>                                           | <b> </b>                                         |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
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|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              | - <del> </del>                                         | <del> </del>                                     |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              | +                                                      | <del>                                     </del> | <del>                                     </del> |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              | <b>-</b>                                               | 1                                                |                                                  |
|                                                                                                                     |                                                                                                        |                                                                                                                   |                                                                         |                                                                                                                 |                                                                                                                                                              |                                                        |                                                  |                                                  |
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| G                                                                                                                   |                                                                                                        | TI DAME                                                                                                           | 1.                                                                      | A DDD OVED BY                                                                                                   | TOTAL                                                                                                                                                        | J. D/                                                  | TE                                               |                                                  |
| G. PREPARED BY                                                                                                      | 1                                                                                                      | H. DATE                                                                                                           | I.                                                                      | APPROVED BY                                                                                                     |                                                                                                                                                              | J. D/                                                  | ME                                               |                                                  |
| Kent J. 1.                                                                                                          | Su                                                                                                     | 24 Feb 97                                                                                                         | 7                                                                       | 487                                                                                                             | Portin                                                                                                                                                       | 2/                                                     | 24/                                              | 97                                               |

Previous editions are obsolete

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